

MAIL THE
COMPLETED FORMTO:
The Appropriate EPA
Regional or State Office.United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

MAR 04 2002

HAZARDOUS WASTE PROGRAM
MO DEPT. OF NATURAL RESOURCES1. Reason for Submittal
(see instructions on
page 10)

CHECK CORRECT BOX(ES)

Reason for Submittal:

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☐ To provide subsequent notification (to update site identification information).
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application.
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).
- ☒ As a component of the Hazardous Waste Report.

2. Site EPA ID Number
(see instructions on page
11)

EPA ID Number: MOD 985 775 147

3. Site Name (see
instructions on page 11)

Name:

Roto-Die Company Inc.

4. Site Location
information (see
instructions on page 11)

Street Address: 800 Howerton Lane

City, Town, or Village: Eureka

State: MO

County Name: St. Louis

Zip Code: 63025

5. Site Land Type (see
instructions on page 11)Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other6. North American Industry
Classification System
(NAICS) Code(s) for the
Site (see instructions on
page 11)

A. 332810 332813

B.

C.

D.

7. Site Mailing Address
(see instructions on page
12)

Street or P. O. Box: Same

City, Town, or Village:

State:

Country:

Zip Code:

8. Site Contact Person (see
instructions on page 12)

First Name: John

MI: A

Last Name: Gibson

Phone Number: 636-587-3600

Phone Number Extension: 467

9. Legal Owner and
Operator of the Site (see
instructions on pages 12
and 13)

A. Name of Site's Legal Owner: Roto-Die Company Inc.

Date Became Owner (mm/dd/yyyy): 1990

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Operator: Roto-Die Company Inc.

Date Became Operator (mm/dd/yyyy): 1990

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

R00407262

RCRA RECORDS CENTER

12 JUN 2002

QA/QC - WKC/TRI-COR

18 APR 2002

718 Tri-Cor

EPA ID No. **MO0985775147****10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)****A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):**

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on pages 16 and 17)**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	F003				
D002	F005				
D004					
D006					
D007					
D008					
D010					

S005 R9A 81